Resolution # 18-1

WHEREAS, County policies and procedures require both the assigned oversight committee and the Finance Committee to approve all requests to apply for grants from Federal and State agencies, as well as grants from all other entities; and,

WHEREAS, County policies and procedures require that the acceptance of grants of \$30,000 or more must be approved by the full County Board;

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Hea	lth		
Grant Program Title: Healthy Familie	s Illinois Grant		
This request is for: a new grant [renewal or extension of an exis	sting grant	
Grantor:			
Brief description of the grant program	and its benefits to Sangamon Co	unty:	
Provide intensive home-visitation s maltreatment and whose income is or within two weeks of birth and prostrength-based comprehensive ser skills, encouraging healthy growth a the national standards established	less than or equal to 200% of to ovide home visits lasting at leas vices that reduce the parents' ri and development, and improvin	the Federal Poverty Level. Ro t sixty minutes. During each isk for child maltreatment by	ecruit parents prenatally nome visit, provide enhancing parenting
Anticipated Grant Revenue Amount::	\$182,304.00		
Are matching funds required?	Yes 🗷 No		
If yes, please state the amount and t	the source of matching funds:		
If this grant is approved, will any new proved if Yes, please indicate the number at Are there any indirect costs or legal rerequirements to continue specific program if Yes, please provide details. Include	nd cost of personnel: quirements associated with this grams after grant periods, etc.):	区 No grant (i.e., increased workload o	on existing staff,
	Current FY	Current FY + 1	Current FY + 2
Number of Employees			
Personnel Costs (in dollars)			
Fringe Benefit Cost		,	
Other Costs (Equipment, etc)			
Total Cost			
Requested by:	(Department Head Signature)		Date: <u>05/27/2021</u>